HEPATITIS C
at a Glance

FOR PHYSICIANS

Washington State Department of Health

PUBLIC HEALTH
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WHAT IS HEPATITIS C?

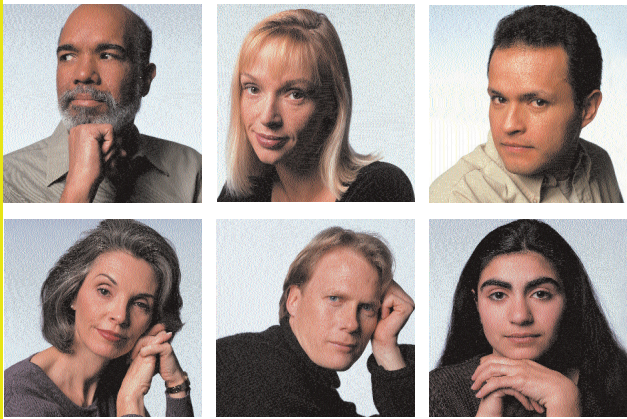
Hepatitis C virus (HCV), discovered in 1988 by molecular cloning, is the primary cause of the type of hepatitis previously known as non-A, non-B hepatitis. HCV infection is the most common chronic blood-borne infection in the United States. Most HCV-infected persons might not be aware of their infection because they are not clinically ill. Infected persons serve as a source of transmission to others and are at risk for chronic liver disease or other HCV-related chronic disease.

- 75%-85% of HCV infected persons develop chronic infection
- 70% of chronically infected persons have chronic liver disease as measured by abnormal ALT levels
- 10%-20% of persons with chronic hepatitis C develop cirrhosis
  - progression to cirrhosis usually occurs over 20 or more years
- 1%-5% of infected persons die of HCV-related chronic liver disease

Current risk for transfusion associated hepatitis C is less than 1 per million units transfused.

There are an estimated 4 million Americans currently infected with HCV. Most are 40-59 years old.

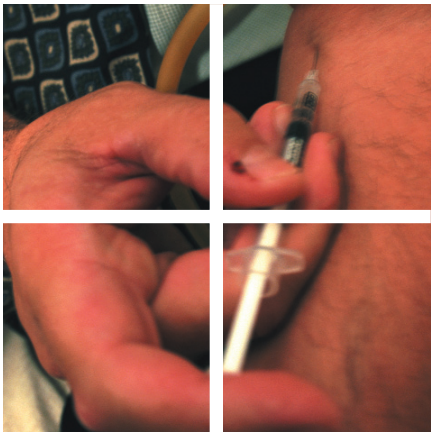
Although first recognized because of its association with blood transfusion, hepatitis C was shown to account for 15% to 20% of community-acquired acute viral hepatitis in the U.S. and to be associated with other risk factors, including injection drug use, hemodialysis, occupational exposure to contaminated needlesticks, birth to an HCV-infected mother, and high risk sexual practices.



WHOM SHOULD YOU TEST FOR HCV INFECTION?

You should routinely test patients at increased risk:

- Patients who received a blood transfusion or solid organ transplant before July 1992
  - many patients may not be aware they received a transfusion in the past
  - a history of certain medical conditions or surgical procedures could be useful for identifying such patients
    - *e. g., hematologic disorders; major surgery such as cardiac, orthopedic, GI, GYN, C-Section; major trauma, premature birth, cancer*

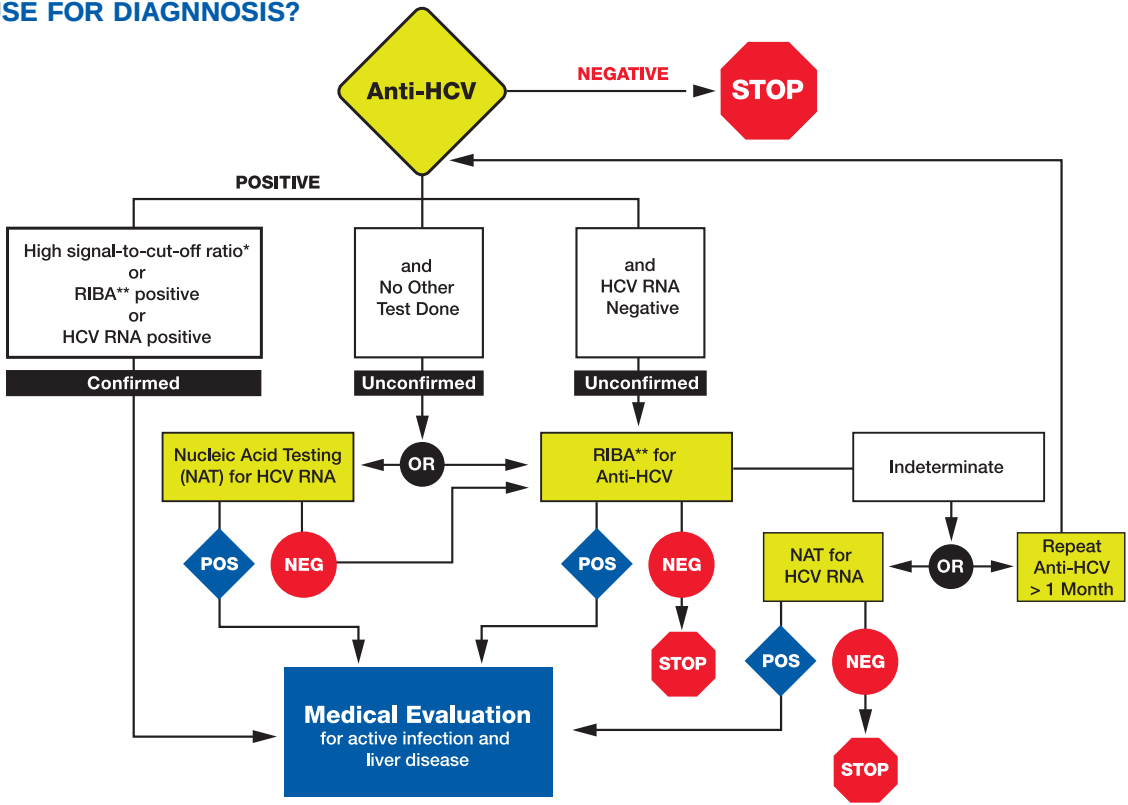


- Patients with a history of injecting illegal drugs
  - probe for occasional or recreational drug use once or a few times many years ago; such persons usually do not self-identify
- Patients with persistently abnormal ALT levels
- Patients with hemophilia treated with clotting factors manufactured before 1987
- Patients ever on chronic hemodialysis

You also should test persons with a known exposure to HCV:

- Health care workers after a percutaneous or mucosal exposure to HCV-positive blood (risk is about 2%)
- Children born to HCV-positive women (risk is about 6%)

WHAT TESTS SHOULD YOU USE FOR DIAGNNOSIS?



How should you follow and manage HCV-Positive patients?

- Assess for viremia and biochemical evidence of chronic liver disease
  - Test for HCV RNA and ALT
  - If HCV RNA is negative or if ALT is normal, multiple measurements should be performed at regular intervals
  - RNA and ALT levels may fluctuate in some patients with chronic hepatitis C.

- Vaccinate against hepatitis A and B
- Advise to abstain from alcohol
- Assess for severity of liver disease and possible treatment in patients with abnormal ALT values in consultation with, or by referral to, a specialist knowledgeable in this area
  - Combination therapy with pegylated interferon and ribavirin is the treatment of choice resulting in sustained response rates of 40-80%
    - *40-45% for patients infected with genotype 1 (the most common in the U.S.)*
    - *80% for patients infected with genotypes 2 or 3*
- Persons for whom antiviral treatment is recommended:
  - persistently elevated ALT levels
  - detectable HCV RNA
  - a liver biopsy that indicates either portal or bridging fibrosis or at least moderate degrees of inflammation and necrosis
- Antivirals are FDA-approved only for persons 18 years old and older

Additional information on treatment can be obtained from the NIH website at

http://www.niddk.nih.gov/health/digest/pubs/chrnhepc/chrnhepc.htm

WHAT SHOULD I TELL HCV-POSITIVE PATIENTS ABOUT TRANSMISSION TO OTHERS?

Avoid situations in which others will be exposed to their blood

- Do not donate blood, body organs, other tissue or semen
- Do not share toothbrushes, dental appliances, razors, home therapy equipment or other personal-care items that might have blood on them

SEX

- Transmission by sex occurs, but efficiency is low
  - no data available to quantify risk
- Persons with one long-term steady partner do not need to change sexual practices
  - some couples might decide to use barrier precautions to lower the limited risk of spreading HCV to their partner
- Partner may benefit from counseling and testing

PREGNANCY

- No need to avoid pregnancy
  - although about 6% of infants become infected, these infants appear to do well in the first years of life
- Neither breastfeeding nor mode of delivery is associated with transmission
  - no need to avoid breastfeeding
  - no need to perform C-section based on HCV status

For more information and resources on Hepatitis C, contact the Washington State Department of Health or your local health jurisdiction:

DOH Infectious Disease and Reproductive Health
PO Box 47838, Olympia, WA 98504

1-866-917-4HEP
www.doh.wa.gov/cfh/hepatitis

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Adopted by the Washington State Department of Health from the Centers for Disease Control and Prevention (CDC).